

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-15.06
100.00

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 19 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # LD5000016506

1. Limited Liability Company's Name

Kingswood Farms LLC

2. Principal Office Address - No P.O. Box #

7741 Kingswood Rd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Southport

Suite, Apt. #, etc.

City & State

Florida

City & State

Zip

32409

Country

Bay

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Kenneth W. Shipp

Street Address (P.O. Box Number is Not Acceptable)

7741 Kingswood Road

Suite, Apt. #, Etc.

City

Southport, Florida

State

FL

Zip Code

32409

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Kenneth W. Shipp
REGISTERED AGENT MUST SIGN

Date

3/9/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>M</u>	<u>Susan K. Shipp</u>	<u>7741 Kingswood Rd</u>	<u>Southport, Florida</u> <u>32409</u>

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REINSTATEMENT 06-07

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Susan K. Shipp

Date

3/9/07

Daytime Phone #

850-785-5368

Typed or printed name of signing Managing Member/Manager

Susan K. Shipp